

Chart 3
Monthly Insurance Rates For Survivor
Health Insurance Coverage (Non-Medicare Plans), and Dental Coverage
Rates For Monthly Payroll Deduction, and Direct Payment Purposes
Effective For The Premium Due July 1, 2007

Type of Coverage	Survivors' Premium		Full Cost Premium	
	Individual Coverage	Family Coverage	Individual Coverage	Family Coverage
MetLife Dental Coverage	\$23.93	\$57.64	\$23.93	\$57.64
Health Plan Costs	Individual Coverage	Family Coverage	Individual Coverage	Family Coverage
Commonwealth Indemnity Plan Basic with CIC*	\$89.72	\$208.96	\$692.49	\$1,616.00
Commonwealth Indemnity Plan Basic without CIC	66.98	156.34	669.75	1,563.38
Commonwealth Indemnity Plan Community Choice*	30.14	72.27	349.78	838.87
Commonwealth Indemnity Plan PLUS*	40.49	96.56	469.95	1,120.88
Fallon Community Health Plan-Direct Care	36.66	87.92	366.56	879.19
Fallon Community Health Plan-Select Care	43.26	102.63	432.61	1,026.34
Harvard Pilgrim Independence Plan*	45.56	110.13	477.60	1,154.35
Health New England	39.48	97.80	394.75	977.95
Navigator by Tufts Health Plan*	41.02	99.55	464.42	1,127.04
NHP Care	38.96	103.18	389.63	1,031.79

CIC: Catastrophic Illness Coverage

Individual CIC:\$22.74/monthly

Family CIC: \$52.62/monthly

* The Survivor share of the rates for these plans has been reduced by the following subsidized amounts from the employees' premium reserves.

** The subsidized amount is for catastrophic Illness Coverage (CIC).

Health Plan	Individual	Family
Commonwealth Indemnity Plan Basic with CIC**	\$9.73	\$22.70
Commonwealth Indemnity Plan Community Choice	4.84	11.62
Commonwealth Indemnity Plan PLUS	6.51	15.53
Harvard Pilgrim Independence Plan	2.20	5.31
Navigator by Tufts Health Plan	5.42	13.15